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PTO/SB/22 (12-04)
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| MAHEND | | | Docket Number (Optional) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------------------------|----------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | 01017/36667 | | | |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 01017 | 730007 | | |
| Application Number 10/049,182-Conf. #7965 | | Filed June 19, 2002 | | | |
| | | | | | |
| For MODULATION OF THE BLOOD-BRAIN BARRIER TRANSPORTER FOR LEPTIN | | | | | |
| Art Unit 1649 | | Examiner | D. Ko | ker | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | <u>Fee</u> | Small Entity Fee | | | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | _\$_ | | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | |
| x Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | 1,020.00 | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
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| | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | | |
| Deposit Account Number 13-2855 . I have enclosed a duplicate copy of this sheet. | | | | | |
| | | | | | |
| I am the applicant/inventor | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| attorney or agent of record. Registration Number | | | | | |
| x attorney or agent under 37 CFF | R 1.34. | | | | |
| Registration number if acting unc | der 37 CFR 1.34 | 53,379 | | | |
| gate zwels | • | February | 14, 200 | 6 | |
| Signature | | Date | | | |
| Katherine L. Neville | | (312) 474-6300 | | | |
| Typed or printed name Telephone Number | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| Total of forms are submitte | ed. | | | | |
| | | | | | |
| | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 14, 2006

Signature:

Katherine L. Neville